

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

VIRGIN ISLANDS FOR PLASKETT

ADDRESS (number and street)  
▼

PO BOX 26502

Check if different  
than previously  
reported. (ACC)

Christiansted

VI

00824

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00528182

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

VI

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

01

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

12

D D / Y Y Y Y

31

Y Y Y Y

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jonathan Small

Signature of Treasurer

Jonathan Small

[Electronically Filed]

Date

M M / D D / Y Y Y Y

05

D D / Y Y Y Y

01

Y Y Y Y

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 37

Write or Type Committee Name

VIRGIN ISLANDS FOR PLASKETT

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	3

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	17450.00	65759.90
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17450.00	65759.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	24737.71	56588.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	24737.71	56588.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	8005.82	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	18233.10	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

**VIRGIN ISLANDS FOR PLASKETT**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2013

To:

M M / D D / Y Y Y Y  
12 / 31 / 2013

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**
**(a) Individuals/Persons Other Than  
Political Committees**
**(i) Itemized (use Schedule A).....**

17150.00

64509.90

**(ii) Unitemized .....**

300.00

1250.00

**(iii) TOTAL of contributions  
from individuals .....**

17450.00

65759.90

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees  
(such as PACs) .....**

0.00

0.00

**(d) The Candidate .....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..**

17450.00

65759.90

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**
**(a) Made or Guaranteed by the  
Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4).....**

17450.00

65759.90

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 37

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	24737.71	56588.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	24737.71	56838.70

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	15293.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17450.00
25. SUBTOTAL (add Line 23 and Line 24).....	32743.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	24737.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	8005.82

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>H. Duane Boebeck</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2013	
Mailing Address 5142 Carden Beach			<b>Transaction ID : SA11AI.4447</b>	
City	State	Zip Code		
Christiansted	VI	00820		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer Neptune Holdings, LLP		Occupation Developer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Pilly Boy</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2013	
Mailing Address 8264 Sub Base VI Industrial Park			<b>Transaction ID : SA11AI.4451</b>	
City	State	Zip Code		
St. Thomas	VI	00802		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 1000.00	
Name of Employer Billy D's Specialty T's		Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Elaine I. Chan</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2013	
Mailing Address 3207 Rolling Road			<b>Transaction ID : SA11AI.4464</b>	
City	State	Zip Code		
Chevy Chase	MD	20815		
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period 500.00	
Name of Employer FEMA/Dept. of Homeland Securit		Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2000.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**Kirk M. Chewing**

Mailing Address PO Box 24313

City

Christiansted

State

VI

Zip Code

00824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cane Bay Partners, VI, LLP

Occupation

Money Manager

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 03 / 2013

Transaction ID : SA11AI.4430

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**Louis H. DeLyrot**

Mailing Address PO Box 400

City

St. Thomas

State

VI

Zip Code

00804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardow, Inc.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 / 16 / 2013

Transaction ID : SA11AI.4445

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**John Fehrenbach**

Mailing Address 2809 Valley Drive

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston & Strawn

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 12 / 04 / 2013

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

James F. Gallivan

A.

Mailing Address P.O. Box 1320

City

St. Thomas

State

VI

Zip Code

00804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windward Capital

Occupation

Fund Adviser

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

William L. Graham

B.

Mailing Address PO Box 1508

City

St. Thomas

State

VI

Zip Code

00804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Windward Capital

Occupation

Fund Adviser

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		23		2013

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Barry J. Hart

C.

Mailing Address 4052 Mansion Drive  
NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2014

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

VIRGIN ISLANDS FOR PLASKETT

Full Name (Last, First, Middle Initial)

Peter N. Hiebert

A.

Mailing Address 3207 Rolling Road

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		05		2013

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Gerald Horrissey

B.

Mailing Address 1700 K Street

City

Washington DC

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		01		2013

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Lawrence I. Kiern

C.

Mailing Address 6022 Wescott Hills Way

City

Kingstone

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**VIRGIN ISLANDS FOR PLASKETT**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Barabara O'Brien</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 14 / 2013	
Mailing Address 6501 Red Hook Plaza Suite 201		<b>Transaction ID : SA11AI.4449</b>	
City St. Thomas	State VI	Zip Code 00802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer Sotheby's International Realty	Occupation Real Estate Agent		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Joseph E. O'leary</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2013	
Mailing Address 1400 L St. NW		<b>Transaction ID : SA11AI.4474</b>	
City Washington	State DC	Zip Code 20005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Winston & Strawn	Occupation Attorney		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Mark Robertson</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 21 / 2013	
Mailing Address 3530 Laurel Leaf Lane		<b>Transaction ID : SA11AI.4453</b>	
City Fairfax	State VA	Zip Code 22031	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1300.00	
Name of Employer Janus-Merritt Partners	Occupation Broker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		4150.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**R. Miles Stair**

Mailing Address 517 Mongoose Junction

City

St. John

State

VI

Zip Code

00830

FEC ID number of contributing federal political committee.

C

Name of Employer

Holiday Homes of St. John

Occupation

President / Broker

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2013

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**John A. Waits**

Mailing Address 6609 Persimmon Tree

City

Fairfax

State

VA

Zip Code

20818

FEC ID number of contributing federal political committee.

C

Name of Employer

Winston &amp; Strawn

Occupation

Attorney

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2013

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Cornell Williams**

Mailing Address PO Box 5814

City

Charlotte Amalie

State

VI

Zip Code

00803

FEC ID number of contributing federal political committee.

C

Name of Employer

International Capital &amp; Mgmt.

Occupation

President

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2013

Transaction ID : SA11AI.4455

Amount of Each Receipt this Period

2600.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3350.00

17150.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 37

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Wade Abramson**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Sound System

007

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2013

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB17.4498

**B. Wade Abramson**

Mailing Address

City State Zip Code

Purpose of Disbursement  
Sound System

007

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2013

Amount of Each Disbursement this Period

350.00
--------

Transaction ID : SB17.4505

**c. Lee Ashley**

Mailing Address PO Box 6987 Sunny Isle

City State Zip Code  
St. Croix VI 00823Purpose of Disbursement  
Photo for Auction

001

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		05		2013

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4542

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

850.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Capital Tees**

Mailing Address PO Box 7111, Sunny Isle

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code
St. Croix	VI	00823

Purpose of Disbursement  
T Shirts

004

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

400.00
--------

Transaction ID : SB17.4534

**B. Capital Tees**

Mailing Address PO Box 7111, Sunny Isle

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

City	State	Zip Code
St. Croix	VI	00823

Purpose of Disbursement  
T-shirts

006

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

474.00
--------

Transaction ID : SB17.4485

**C. Choice Communications**Mailing Address 6006 Estate Peters Rest  
Suite 6

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

City	State	Zip Code
Christiansted	VI	00820

Purpose of Disbursement  
Phone/internetCategory/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

128.70
--------

Transaction ID : SB17.4515

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1002.70

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Choice Communications**Mailing Address 6006 Estate Peters Rest  
Suite 6

City Christiansted State VI Zip Code 00820

Purpose of Disbursement  
Phone/internet

001

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
11	20	2013

Amount of Each Disbursement this Period

145.49
--------

Transaction ID : SB17.4518

**B. Choice Communications**Mailing Address 6006 Estate Peters Rest  
Suite 6

City Christiansted State VI Zip Code 00820

Purpose of Disbursement  
Internet/phone

001

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
12	20	2013

Amount of Each Disbursement this Period

125.50
--------

Transaction ID : SB17.4483

**c. Cletis Clendinen**

Mailing Address PO Box 7864

City St. Thomas State VI Zip Code 00801

Purpose of Disbursement  
NYC & STX Airfares Reimbursement

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	D D	Y Y Y Y
10	08	2013

Amount of Each Disbursement this Period

535.40
--------

Transaction ID : SB17.4367

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

806.39

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Cletis Clendinen**

Mailing Address PO Box 7864

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2013

City	State	Zip Code
St. Thomas	VI	00801

Amount of Each Disbursement this Period

175.00
--------

Purpose of Disbursement  
Permits

007

**Transaction ID : SB17.4531**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**B. Color Max**Mailing Address 4001 Raphune Hill Rd.  
Al Cohen Plaza

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		24		2013

City	State	Zip Code
St. Thomas	VI	00802

Amount of Each Disbursement this Period

398.00
--------

Purpose of Disbursement  
Banners

006

**Transaction ID : SB17.4486**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**c. Da Vybe**

Mailing Address PO Box 583

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2013

City	State	Zip Code
Christiansted	VI	00821

Amount of Each Disbursement this Period

450.00
--------

Purpose of Disbursement  
Crime Commentary

007

**Transaction ID : SB17.4362**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1023.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4531

Reimbursement for expense incurred to VI Department of Parks & Recreation for permit for fundraiser.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Da Vybe**

Mailing Address PO Box 583

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
Christiansted	VI	00821

Purpose of Disbursement  
Radio Promotion

004

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

520.00
--------

Transaction ID : SB17.4502

**B. Fusion Band**

Mailing Address PO Box 955 Kingshill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code
St. Croix	VI	00851

Purpose of Disbursement  
Music at Event

007

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

1300.00
---------

Transaction ID : SB17.4538

**c. Delmin Garcia**

Mailing Address P.O. Box 26502

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Reimbursement - Seaborne Tickets

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

431.00
--------

Transaction ID : SB17.4356

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2251.00



: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4356

Reimbursement for expenses to Seaborne Airlines 2 tickets \$215.50 each

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Reimbursement - travel (Seaborne)

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

Amount of Each Disbursement this Period

431.00
--------

Transaction ID : SB17.4540

**B. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Reimbursement - St. Croix Avis (VI-PR Advertisement)

004

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.4364

**c. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Reimbursement - Meeting Lunch

001

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

153.00
--------

Transaction ID : SB17.4365

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1234.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4540

Reimbursement for expenses to Seaborne Airlines 2 tickets \$215.50 each

Form/Schedule: SB17

Transaction ID: SB17.4364

Reimbursement for expense incurred to Avis St. Croix

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Marco Promotional Items - CCR

004

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

Amount of Each Disbursement this Period

728.30
--------

Transaction ID : SB17.4366

**B. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Reimbursement

001

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.4529

**c. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
DC Airfare

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		29		2013

Amount of Each Disbursement this Period

650.00
--------

Transaction ID : SB17.4530

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2128.30

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4366

Reimbursement for expenses paid to Marco Promotional for rulers and pencils

Form/Schedule: SB17

Transaction ID: SB17.4529

Reimbursement for expenses to Marco Promotional for backpacks for giveaways to school children

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4530

Reimbursement for candidate travel expense incurred to American Airlines for travel to DC

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Airline change fee reimbursement

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

376.00
--------

Transaction ID : SB17.4510

**B. Delmin Garcia**

Mailing Address P.O. Box 26502

City	State	Zip Code
St. Croix	VI	00824

Purpose of Disbursement  
Reimbursement for tarts & Tripp stipend

001

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		20		2013

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.4482

**c. Global Tours**

Mailing Address 1A Diamond Crest, Sunny Isle

City	State	Zip Code
St. Croix	VI	00821

Purpose of Disbursement  
Stacey Plasket DC Airline ticket

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2013

Amount of Each Disbursement this Period

697.41
--------

Transaction ID : SB17.4532

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1323.41

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: SB17  
Transaction ID : SB17.4510

Reimbursement for payment to American Airlines for ticket change fee.

Form/Schedule:  
Transaction ID:





**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Jean Picou**

Mailing Address PO Box 24668

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2013

City	State	Zip Code
Christiansted	VI	00824

Amount of Each Disbursement this Period

1199.75
---------

Purpose of Disbursement  
Palm Cards & Bumper Stickers

006

Transaction ID : SB17.4374

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**B. STACEY PLASKETT**

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		04		2013

City	State	Zip Code
FREDERICKSTED	VI	00841

Amount of Each Disbursement this Period

1300.00
---------

Purpose of Disbursement  
WSTA/Sunny/CC/WSTX Crime

001

Transaction ID : SB17.4541

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**C. STACEY PLASKETT**

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2013

City	State	Zip Code
FREDERICKSTED	VI	00841

Amount of Each Disbursement this Period

1800.00
---------

Purpose of Disbursement  
Radio Station ads

004

Transaction ID : SB17.4516

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4299.75

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4541

Reimbursement for payment to Ackley Media for media ads.

Form/Schedule: SB17

Transaction ID: SB17.4516

Reimbursement for expense paid to WSTA (\$1540) and FM 1620 (\$260) for campaign ads

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. STACEY PLASKETT**

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement  
Change for Bar

007

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4524

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**B. STACEY PLASKETT**

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2013

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement  
Parade/soup sale

007

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4484

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 00

Full Name (Last, First, Middle Initial)

**C. STACEY PLASKETT**

Mailing Address PO BOX 1006

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2013

City	State	Zip Code
FREDERICKSTED	VI	00841

Purpose of Disbursement  
Soup Sale

007

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4492

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4524

Reimbursement for change for cash bar at fundraiser

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Kevin Rodriguez**

Mailing Address PO Box 9481

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2013

City	State	Zip Code
St. Thomas	VI	00801

Amount of Each Disbursement this Period

420.00
--------

Purpose of Disbursement  
Cash for Kevin Rodriguez travel to STT

002

**Transaction ID : SB17.4513**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**B. Miguel Santos**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
DJ Poppy Pops

007

**Transaction ID : SB17.4536**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**C. Seaborne Airlines**

Mailing Address 34 Strand Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code
Christiansted	VI	00820

Amount of Each Disbursement this Period

184.00
--------

Purpose of Disbursement  
Kevin Rodriguez travel

002

**Transaction ID : SB17.4519**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1004.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4513

Reimbursement for SeaBorne tickets for staff \$210 per ticket

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Seabornne Airlines**

Mailing Address 34 Strand Street

City	State	Zip Code
Christiansted	VI	00820

Purpose of Disbursement  
Five airline tickets

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

Amount of Each Disbursement this Period

499.00
--------

Transaction ID : SB17.4523

**B. Seabornne Airlines**

Mailing Address 34 Strand Street

City	State	Zip Code
Christiansted	VI	00820

Purpose of Disbursement  
Travel STX to STT

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2013

Amount of Each Disbursement this Period

215.00
--------

Transaction ID : SB17.4507

**c. Jonathan Small**

Mailing Address PO Box 1006

City	State	Zip Code
Frederiksted	VI	00841

Purpose of Disbursement  
Reimbursement - Seaborne Tickets

002

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2013

Amount of Each Disbursement this Period

110.00
--------

Transaction ID : SB17.4372

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

824.00



: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SB17

Transaction ID : SB17.4372

Reimbursement for purchase of airline ticket from SeaBorne Airlines

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Spectrum Band**

Mailing Address PO Box 8358

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		23		2013

City	State	Zip Code
St. Thomas	VI	00801

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
STT Event

007

**Transaction ID : SB17.4527**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**B. Teddy's**

Mailing Address PO Box 4808 Kingshill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2013

City	State	Zip Code
St. Croix	VI	00851

Amount of Each Disbursement this Period

400.00
--------

Purpose of Disbursement  
Food Deposit

012

**Transaction ID : SB17.4494**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**c. Teddy's**

Mailing Address PO Box 4808 Kingshill

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2013

City	State	Zip Code
St. Croix	VI	00851

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Food

007

**Transaction ID : SB17.4535**

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1900.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. The Daily News**

Mailing Address 9155 Estate Thomas

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
St. Thomas	VI	00802

Purpose of Disbursement  
Advertisement

004

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

576.00
--------

Transaction ID : SB17.4503

**B. Traxco**

Mailing Address 1A Manning Bay

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2013

City	State	Zip Code
Frederiksted	VI	00840

Purpose of Disbursement  
Horse Race

007

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB17.4488

**c. Victor's Hideout**

Mailing Address 103 Sub Base Rd.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2013

City	State	Zip Code
St. Thomas	VI	00802

Purpose of Disbursement  
Candidate Meet & Greet

007

Category/  
Type

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Amount of Each Disbursement this Period

275.00
--------

Transaction ID : SB17.4371

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1151.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 37

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

Full Name (Last, First, Middle Initial)

**A. Walker's By the Sea**

Mailing Address 70 W. Lindbergh Bay

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2013

City	State	Zip Code
St. Thomas	VI	00802

Purpose of Disbursement  
Meet and Greet Candidate

007

Amount of Each Disbursement this Period

716.00
--------

Transaction ID : SB17.4288

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**B. WSTA**

Mailing Address PO Box 1340

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2013

City	State	Zip Code
St. Thomas	VI	00804

Purpose of Disbursement  
Crime Commentary

007

Amount of Each Disbursement this Period

150.00
--------

Transaction ID : SB17.4357

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

Full Name (Last, First, Middle Initial)

**C. WSTA**

Mailing Address PO Box 1340

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		19		2013

City	State	Zip Code
St. Thomas	VI	00804

Purpose of Disbursement  
Radio ad

004

Amount of Each Disbursement this Period

186.00
--------

Transaction ID : SB17.4517

Candidate Name

**VIRGIN ISLANDS FOR PLASKETT**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: VI District: 01

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

716.00

24088.55

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 37

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIRGIN ISLANDS FOR PLASKETT**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Axis Promotions**

Nature of Debt (Purpose):

Campaign Materials

Mailing Address 8 W. 38th Street

City State

Zip Code

New York

NY

10018

Outstanding Balance Beginning This Period

17393.10

Transaction ID : SD10.5513

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17393.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Christiansted Restoration Corp**

Nature of Debt (Purpose):

Rent

Mailing Address 5001 Tamarind Reef Ste 28

City State

Zip Code

St. Croix

VI

00850

Outstanding Balance Beginning This Period

840.00

Transaction ID : SD10.5514

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

840.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

18233.10

2) **TOTALS** This Period (last page this line number only) ..... ▶

18233.10

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

18233.10